SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: TORCE, =210 APPLICATION FOR BAYFIELD COUNTY, 180

100 X

N

200 B

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, Wi 54891
(715) 373-6138

Date Stamp (Received) R P RIVIT

> Permit #: 08B\$ 800

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

JUL 072016

S Choroland	Solicy Is Property/Land within 300 feet of River, Stream (Ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue —	section, IownshipN, Range	ン :	5_1/2 NW 1/4 Gov't Lot Lot(s)	LOCATION Legal Description: (Use Tax Statement)	PROJECT	The second secon		Authorized Agent: (Person Signing Application on behalf of Owner(s))	JERCHY HI GNSTUCTOS	Contractor:	SIYO CALLOWING &	Address of Property:	Philips Roxanne Mart	Owner's Name:	TYPE OF PERMIT REQUESTED— LAND USE SAI	
	er, Stream (ind. Intermittent) If yescontinue>	Jane	Town of:	CSM Vol & Page	854-2-41-09-6	PIN: (23 digits)			Agent Phone:		Contractor Phone:	Sames	City/State/Zip:	1617 Keller Calve Dr	Mailing Address:	WEAK Feld Con Kaning	
	Distance Structure is from Shoreline:			Lot(s) No. Block(s) No.	864-2-44-69-0203-000-10000				Agent Mailing Address (include City/State/Zip):	107	Plumber:	7	•	he or Burnsville 185306	City/State/Zip:	SANIPANTICIC CORRESPONDING DEPNOITIONAL USE ☐ SPECIAL USE	
	*		Lot Size	Subdivision:	Volume 867	Recorded Docume			/State/Zip):					€ 55306	300)		
	ls Property in Are Wetlands Floodplain Zone? Present?	6	Acreage		Page(s) 546	Document: (i.e. Property Ownership)	☐ Yes ☐ No	Attached	Written Authorization	25	Plumber Phone:	612 961 0383	Cell Phone:			□ B.O.A. □ OTHER	

	Creek or Landward side of Floodplain? If yes.—continue —	n 300 reet of Kiver, Strea of Floodplain?		Distance Struc	Distance Structure is from Shoreline :	ls Property in /	Are Wetlands
X Shoreland	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	י 1000 feet of Lake, Pon If ye	Pond or Flowage If yescontinue	Distance Struc	Distance Structure is from Shoreline : feet	□ Yes	.☐ Yes
■ Non-Shoreland							
Value at Time of Completion * include donated time &	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	ee of y System perty?	Water
	☐ New Construction	¥ 1-Story	Seasonal	□ 1	☐ Municipal/City		□ City
2		☐ 1-Story + Loft	☐ Year Round	□ 2	☐ (New) Sanitary Specify Type:	у Туре:	¾ Well
(000,000)	□ Conversion	☐ 2-Story		3	Sanitary (Exists) Specify Type: _	fy Type: 🛒 🚶	
Į.	Relocate (existing bldg)	☐ Basement			☐ Privy (Pit) or Vaulted (min 200 gallon)	lted (min 200 gallon)	
	☐ Run a Business on	☐ No Basement		□ None	☐ Portable (w/service contract)	tract)	
1	Property	☐ Foundation			☐ Compost Toilet		
	The state of the s				□ None		
		394			TACLE.		
Existing Structure	Existing Structure: (If mermit heing annlied for is relevant to it)		Pagn.			I Digital	

Dropocod I Ico		Proposed Construction:	Existing Structure: (If permit being applied for is relevant to it)	
		Length:	Length:	•
Church		18120		
		4		
7.	•	Width: ルンペンツ	Width:	
		Height:	Height:	
Square		7.7		

Proposed Use	۲.	Proposed Structure	Dimensions	Square
				Footage
		Principal Structure (first structure on property)	(x	
		Residence (i.e. cabin, hunting shack, etc.)	×)
		with Loft	(x	
▼ Residential Use		with a Porch	×	
		with (2 nd) Porch	×	_
		with a Deck	×	
		with (2 nd) Deck	×	
☐ Commercial Use		with Attached Garage	(x)
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x	
		Mobile Home (manufactured date)	(x)
	×	Addition/Alteration (specify) Silver Porch and Note &	h2 x 21)	64c
□ Iviunicipai use		Accessory Building (specify)	02 x 8/1) 3ch
Rec'd for Issuance		Accessory Building Addition/Alteration (specify)	(x)
		Special Use: (explain)	(x)
		Conditional Use: (explain)	(×)
Secretarial Stair		Other: (explain)	(x	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES any accompanying information) has been examined by me [us] and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that It will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the Aurona access to the

Authorized Agent: (If you

Address to send permit

Owner(s):

listed on the

MI Owners

must sign or letter(s) of authorization must accompany this application)

alf of the owner(s) a letter of authorization must accompany this application) KI

Date

Date

6

Attach

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

(2) Show Location of: Propos (2) Show / Indicate: North (3) Show Location of (*): (*) Driv (4) Show: (5) Show: (6) Show any (*): (*) Lak (7) Show any (*): (*) We	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road All Existing Structures on your Prop (*) Viel (*); (*) Septic Tank (ST); (* (*) Lake; (*) River; (*) Stream/Creel (*) Wetlands; or (*) Slopes over 203	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Yell (*); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	or (*) Privy (P)
	.		
× K	Atoled		
Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)	uing) sest point)	Changes in plans must be approv	roved by the Planning & Zoning Dept.
Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	730 Feet Feet	Setback from the Lake (ordinary high-water m Setback from the River, Stream, Creek Setback from the Bank or Bluff	er mark) 175 Feet Feet Feet
Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	770 Feet 700 Feet 10 Feet	Setback from Wetland 20% Slope Area on property Elevation of Floodplain	Feet ☐ Yes ☐ No Feet
Setback to Septic Tank or Holding Tank Setback to Drain Field	55 Feet Feet	Setback to Well	Feet
Setback to Privy (Portable, Composting) Setback to Privy (Portable, Composting) Feet Feet	of the minimum required setback the be owner's expense. The each but less than thirty (30) feet from the feet but less than thirty (30) feet from the convertible by the Department by use on verifiable by the Department by use of the setback the	boundary line from which the setback must be measured must be visit be included in the setback, the boundary line from which the setback, the boundary line from which the setback of a corrected compass from a known corner within 500 feet of the profile of a corrected compass from a known corner within 500 feet of the profile accordance of the profile of the profil	visible from one previously surveyed corner to the setback must be measured must be visible from the proposed site of the structure, or must be
(9) Stake or Mark Proposed Locat NOTICE: All Land Use Per For The Construction Of New One The loca	ion(s) of New Construction, mits Expire One (1) Year from & Two Family Dwelling: ALL N	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	k (HT), Privy (P), and Well (W). ot begun. rm Dwelling Code.
Issuance Information (County Use Only) Permit Denied (Date):	Sanitary Number: 9 ろと みゅうろう Reason for Denial:	# of bedrooms:	Sanitary Date: 7 29, 82
Permit #: 110 - 0394 Is Parcel a Sub-Standard Lot	Permit Date: 8:0-) cord) Cord) DNo origuous Lor(s))	Mitigation Required 17 Yes ZaNo	Affidavit Required 의 Yes 전No
n		y Variance (B.O.A.) Cas	
Ily Created Pyes Delineated Pyes	No	\$ 5	□ Yes Z∕Yes
is computed o	7		Zoning District (RS Lakes Classification (3
Date of Inspection: 4/9/6 Condition(s):Town, Confinitee or Board Conditions Attached? Must Countite (ecomedia-	Tes Decreed B	Ind-(If No they need to be attached.) Land + Wath Conservan	A O O We Hisporton
B 1			Date of Approval: X/K
Hold For Sanifary:	Hold For Affidavit:	wit: Hold For Fees:	- 1



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

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Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Dany Shapp The Concession of the United States JUL 07 2016

SERVE STATES

Bayfield Co. Zoning Dept.

8 6

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Refund.	Amount Paid:	Date:	Permit #:
	\$300	8.2.16	16-6235

ed until all fees

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	Checks are made payable to: Bayfield County Zoning Department.	100 (110 Calculate 100 Calcula
APPLICANT.		

Value at Time .	□ Non-Shoreland	X Shoreland → ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue → ☐ Ves Shoreland → ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	Y is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue → Distance Structure is from Shoreline:	Section 2, Township 44 N, Range 9 W BACNES	ge Lot(s) No. Block(s) No. Subdivision:	PROJECT Legal Description: (Use Tax Statement) PIN: (23 digits) Recorded Document: (i.e. project Location Legal Description: (Use Tax Statement) PIN: (23 digits) Recorded Document: (i.e. project Location Legal Description: (Use Tax Statement) PIN: (23 digits) PIN: (23 digits) PIN: (24 digits) PIN: (25 digits) P	(s)) Agent Phone: Agent Mailing Address (include City/State/Zip):	Contractor Phone: Plumber:	City/State/Zip:	Masti Mailing Address: City/State/Zip: MN 55306	TYPE OF PERMIT REQUESTED—▶ │ □ LAND USE □ SANITARY □ PRIVY □ CONDITIONAL USE □ SPECIAL USE □ B.O.A.
,		□ Yes ⊠ No	Is Property in Floodplain Zone?	Z de		ent: (i.e		Plumber Phone:	06 +10 28 +10	D	B.O.A.
		□No	Are Wetlands Present?) n		Page(s) 846	Written Authorization Attached Nes No	Phone:	10 901 0383 vo	Telephone: \$52-43 -7853	OTHER

Proposed Construction:	Existing Structure					- V))	and the second s	Value at Time of Completion * include donated time & maferial
uction:	Existing Structure: (If permit being applied for is relevant to it)	SYMIN WY	- 0 12mc/ 1172	Property	Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project
	or is relevant to it)	1.0		☐ Foundation	□ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	□ 1-Story	# of Stories and/or basement
Length: 3	Length:							Year Round	□ Seasonal	Use
					None		3	□ 2	-	# of bedrooms
Width: Height:	Width: Height		None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type:	(New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
ı ا	***) gallon)		X Well	□ City	Water

×	De Other: (explain) Stairs	
L	☐ Conditional Use: (explain)	
	Special Use: (explain)	
_	☐ Accessory Building Addition/Alteration (specify)	-
	Accessory Building (specify)	Nunicipal Use
	☐ Addition/Alteration (specify)	
<u> </u>	☐ Mobile Home (manufactured date)	
es) (Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	
_	with Attached Garage	Commercial Use
	with (2 nd) Deck	
	with a Deck	
	with (2 nd) Porch	
	with a Porch	X Residential Use
	with Loft	
_	Residence (i.e. cabin, hunting shack, etc.)	
	☐ Principal Structure (first structure on property)	
	Proposed Structure	Proposed Use

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. | (we) acknowledge that | (we) am (are) exponsible for the detail and accuracy of all information | (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. | (we) further accept liability which may be a result of Bayfield County relying on this information | (we) am (are) providing in or with this application, | (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owners listed on the Deed All Owners must sign

Authorized Agent:

Owner(s): Software (If there are Multiple Owne

Address to send permit

of authorization must accompany this application)

Date

<u>€</u>

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Signature of inspector: Hold For Sanitary:	60 days	Condition(s): Town, C	Date of Inspection:	Inspection Record:	Was Proposed	Granted by Variance (B.O.A.)	Is Parcel a Is Parcel in Co Is Structure	Permit #:	Issuance Informa	(5	Prior to the placeme other previously sun other previously sun prior to the placeme one previously surve marked by a licenser	Setback to Dra Setback to Pri	Setback to Ser	Setback from 1	Setback from	Setback from t		Please com			(3) (6) (4) (3) (2) (4)
spector:	· :	omittee or I		of a solid	문문		Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	16-0935	Issuance Information (County Use Only)	(9) Stake or Mark NOTIC For The Constr	int or construction of a struveryed corner or marked by me or construction of a struction of a s	Setback to Drain Field Setback to Privy (Portable, Composting)	Setback to Septic Tank or Holding Tank	Setback from the South Lot Line Setback from the West Lot Line Setback from the Fact Lot Line	Setback from the Established Right-of-Way Sethack from the North Lot Line	the Centerline of P	Description	mplete (1) – (7) abo (8) Setbacks: (me			Show Location of:) Show / Indicate:) Show Location of (*):) Show:) Show:) Show any (*):) Show any (*):
Hold For TBA:		ommittee or Board Conditions Attached?		1 1	eated Dives I No	Case #:	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguous Lot(s)) ☐ Yes		ity Use Only)	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W), NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	Prior to the placement or construction of a structure within ten [10] feet of the minimum required setback; the boundary line from which the setback must be measured must be visib other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten [10] feet but less than thirty [30] feet from the minimum required setback, the boundary line from which the setba one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner within 500 feet of the promoted by a licensed surveyor at the owner's expense.	osting)	g Tank		ht-of-Way	latted Road		complete (1) – (7) above (prior to continuing)(8) Setbacks: (measured to the closest point)			
Hold F		25 %	Inspecte@by/				***************************************	Permit Date: <	Sanitary Number:	n(s) of New Construction o	f the minimum required se winer's expense. eet but less than thirty (30) in verifiable by the Departm			75	0	1075	Measurement	ing) est point)			North Mar Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold For Affidavit:		lo - (IT No they			We	Previo	No Mitig	3-9-X		uction, Septic ar from the Da g: ALL Municit tate or Federal	tback, the boundary feet from the mining ent by use of a corre				Feet Set						ge Road (Nam our Property k (ST); (*) Drai m/Creek; or (over 20%
PROTEGNISSISSISSISSISSISSISSISSISSISSISSISSISS		□ No -(If No they need to be attached.) Land - With			re Property Line	Previously Granted by Variance □ Yes ☑No	Mitigation Required Mitigation Attached	0		Tank (ST), <u>Dra</u> te of Issuance II palities Are Requ	line from which the um required setback sched compass from it		Setback to Well	Setback from Wetland 20% Slope Area on prop Elevation of Floodniain	back from the	back from the		Cha	2 X		ne Frontage Ro n Field (DF); (*
Hold For Fees:		ched.)			Were Property Lines Represented by Owner Was Property Surveyed	/ Variance (B.O.A.)	□ Yes		# of bedrooms:	in field (DF), Ho Construction of Construction or ired To Enforce	ndary line from which the setback must be measured must be visit information which the setback in the setback i		1	tland on property	Setback from the River, Stream, Creek Setback from the Bank or Bluff	Lake (ordinary	Description	Changes in plans must be approve	the the		ad)) Holding Tank
		raken				A.) Case #:				biding Tank (The Uniform This,	om which the se				Creek	high-water		ust be appro			(HT) and/or
Date of Approval:		Deft.	Date of Re-Inspection:	Zoning District	_ Yes		Affidavit Required Affidavit Attached		Sanitary Date:	<u>HT), Privy (P)</u> , and the segun. In Dwelling Code.	ie from one ck must be aposed site					mark)		wed by the Planning & Zoning Dept.			(*) Privy (P)
roval:		Co/In	ection:	ر ا			□ Yes			nd <u>Well</u> (W)	previously surveyed corner to the measured must be visible from of the structure, or must be			Yes		Ç	Measurement	ning & Zonin			
.					~ 8 8 8 7 8		ZNO ON ON			<u>, </u>	rner to the le from t be		Feet	Feet	Feet	eet	ent	lg Dept.		/	

leid County, WI stars to Cake COMMONOCOMEN (04004244090220300030000) Велиев

STATEMENT AND FEE TO:

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138 Bayfield County



Permit #: Refund: Date: Amount Paid: S211 8-216 16-023

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. Baylield Co. Zoning Dept.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Contractor TYPE OF PERMIT REQUESTED-Owner's Name: Address of Property: PROJECT LOCATION OVI rized Agent: Section 0795 1007 1/4, Legal Description: Bohner MMSTMSON , Township Peninsula hustenson 1/4 5 (Use Tax Statement) $\mathcal{N}_{\mathsf{Gov},\mathsf{t}\mathsf{\, Fot}}$ LAND USE . N, Range alf of Owner(s)) Q SANITARY DEPRIVE CONDITIONAL USE

Mailing Address: City/State/Zip:

259 Love Lane Holson 7/5-795-2358. Bornes Contractor Phone: 7/5-795-2358 Agent Phone: ≨ City/State/Zip: Town of: Vol & Page Plumber: 52685 Lit Agent Mailing Address (incl 00oopl-th Lot(s) No. 54873 B ☐ SPECIAL USE City/State/Zip): Written Authorization

Attached

Attached

Syres I No

Recorded Document: (i.e. Property Ownersh Subdivision:

Equ Claime

Lot Size 200 x 600 Volume 660 54016 B.O.A Lands 715-386-2814 Plumber Phone: Cell Phone: Alle $\mathcal{N}_{ ext{Acreage}}^{ ext{Acreage}}$ Page(s) 196 □ OTHER

Proposed Construction:	Existing Structure					20,000,00 Conversion	n		Value at Time of Completion * include donated time & material	■ Non-Shoreland	∦ Shoreland →
iction:	Existing Structure: (If permit being applied for is relevant to it)	advantative debate com-	Property	□ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	K Addition/Alteration	□ New Construction	Project		X is Property/Land within 300 feet of River, Stream Ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue I
	or is relevant to it)		☐ Foundation	☐ No Basement	Basement	☐ 2-Story	☐ 1-Story + Loft	义 1-Story	# of Stories and/or basement		n 300 feet of River, Strea of Floodplain? If ye n 1000 feet of Lake, Ponu If ye
Length:	Length:						☐ Year Round	X Seasonal	Use		Stream (ind. intermittent) If yes—continue Pond or Flowage If yes—continue
	_			□ None		3	2	 	# of bedroams		Distance Stru
Width:	Width: 24'	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Type	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary Syste Is on the property?		Distance Structure is from Shoreline: 1 1 5 Feet Distance Structure is from Shoreline: feet
Height:	Height: &			ntract)	ulted (min 200 gallon	ify Type	ify Type:		pe of ny System operty?		Is Property in Floodplain Zone?
	1	٠.					_ X Well	□ City	Water		Are Wetlands- Present? XYes No

Proposed Use	۲,	Proposed Structure	Dimensions)is	Square Footage
		Principal Structure (first structure on property)	×)	a managara
		Residence (i.e. cabin, hunting shack, etc.)	(×)	
		with Loft	(x)	
X Residential Use		with a Porch	(x)	
~		with (2 nd) Porch	(×)	
		with a Deck	(X	_	
		with (2 nd) Deck	(X	}	
☐ Commercial Use		with Attached Garage	(×)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(X)	
		Mobile Home (manufactured date)	×	_	
3	×	Addition/Alteration (specify) New roof fine prot over ded	132 × 24	14)	22
		Accessory Building (specify)	×	_	-
A CONTRACTOR OF THE PROPERTY O	Corolland Corolland	Accessory Building Addition/Alteration (specify)	×)	
	_ iI				
		Special Use: (explain)	(x	_	
		Conditional Use: (explain)	(×	_	
Secretarial Staff Other: (explain)		Other: (explain)	×	_	
COO COMPANION	manufacturated when				

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and complete. I (we) acknowledge that I (we) and (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner(s): (If there are Multiple Owner e <u>Deed All Owners must sign or</u> letter(s) of authorization must accompany this application) S

pany this application)

Address to send permit (If you behalf of the ow er(s) a letter of authorization must av

15 Sear Indicate 15 Sear Indicate 17 Colored 18 Sear Indicate Indic	of Approval:					Signature o
The contract of the contract o						
Set Controlled By Controlled B						
To conclusion of the common gain of the common ground from the forming from the common gain of the common gain gain of the common gain gain gain gain gain gain gain gai		attached.)	No -(If No ₩ey need to be	lttached? [] Yes [1:Town, Committee or Board Conditions A **TOWN COMMITTEE OF BOARD CONDITIONS A **TOW	Must
Statistical control co	Date of Re-Inspection:		9 Bushy	Inspected by:	ection: 7.26	Date of Ins
*) Privy (P) RM MS *) Privy (P) RM MS * Plaining & Zonif ed by the Plaini	_ (2					Inspection Must
*) Privy (P) RM MS *) Privy (P) RM MS ** Pri	Typs Typs	y Lines Represented by Owner Was Property Surveyed	Were Propert	No	2 × 8 × 8	Was Prop
SO795 SO795 Privy (P) RM In Surveyed to be from one previously surveyed to be from the previously surveyed to be from the structure, or must opposed site of the structure, or must oppose site of the structure, or mu	80 **		Previously Gram		្ឋ	Granted by
SO795 SO795 SO795 Somiting & Zonit Weasurem Weasurem Weasurem Weasurem Wess T) Privy (P), and Well (W D) Privy (P), and Well (W D) Privy (P), and Well (W		□ Yes		acord) ntiguous Lot(s))	□ Yes	Is Parcel in Is Struc
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SO795 SO795 Privy (P) RM In Surveyed co le from one previously surveyed co ack must be measured must be visit opposed site of the structure, or mus pegun. Degun. Dwelling Code.	anitary Date: 8-1-	# of bedrooms:	ber 000 66	Sanitary Num	Information (County Use Only)	Issuance
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SO795 SO795 SO795 Weasurem Weasurem Yes Yes	the proposed site of the structure, or must be risible from the proposed site of the structure, or must be	setback, the boundary line from which the from a known comer within 500 feet of the from a known comer within 500 feet of the from a known comer within 500 feet of the from t	30) feet from the minimum required street by use of a corrected compass rement by the correction. Septic Tank (ST)) feet but less than thirty (i r, or verifiable by the Depar tion(s) of New Con	ement or construction of a structure more than ten (10 inveyed corner to the other previously surveyed corner as the other previously surveyed corner seed surveyor at the owner's expense.	Prior to the plac one previously a marked by a lice
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STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Dimp (Egon Wat)

Permit #: Refund: Date: Amount Paid: Spide 000

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

Bayfield Co. Zoning Dept.

JUL 252016

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				-				Commercial Use				X Residential Use			Proposed Use		Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)			Rur		20,000,00 Cor			Value at Time of Completion * include donated time & material	Non-Shoreland	80,883	☐ Shoreland — ☐ Is F		Section J,	V V	1/4,	PROJECT Legal	Authorized Agent: (Person Signing Application on behalf of Owner(s)) Sandra Momson	Jim Yoder	Address of Property:	ī	TYPE OF PERMIT REQUESTED
	_ 	Spo	□ Acc	+	\perp	<u> </u>	╂—						\dashv	Res				rmit being app		Property	Run a Business on	Relocate (existing bldg)	☐ Conversion	\square Addition/Alteration	X New Construction	Project			roperty/Land	roperty/Land k or Landward	Township	ב	1/4	Legal Description:	MoMSoh		5 Road	Thomas	
Other: (explain)	Conditional Use: (explain)	Special Use: (explain)	Accessory Building Addition/Alteration	Accessory Building (sp.	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)				olled for is relevant to it)		Foundation	×	(B)	☐ 2-Story	ition 🗆 1-Story + Loft	on 🗶 1-Story	# of Stories and/or basement			\square Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yes:—continue —▶	N, Range O		Gov't Lot Lot(s)	(Use Tax Statement)	on behalf of Owner(s)}		Δ_		X LAND USE SANITARY
			tion/Alter	(specify)	ecify)	red date)	y, <u>or</u> □ sle	ed Garage	ck		rch		(structure	Prop	J	Ler			1	ent					s		If yescontinue	ce, Pond or	r, Stream (i	'8		€ #:3M	PIN: (23 digits)	715-392-8016	715-634-053	Chy/State/Zip:	11 Windsor	>
		- International Control of the Contr	ation (specify)				eping quarters					The state of the s		on property) <, etc.)	Proposed Structure		Length: 40					The state of the s		$oldsymbol{\overline{X}}$ Year Round	Seasonal	Use		ontinue -	Flowage	itream (incl. Intermittent) If yes—continue —>	Barnes	Town of:	Vol & Page 913 41	2-42-		13-	es, WI		PRIVY [
			1)		***************************************	, Landa Maria	□ cooking								re		,				None		_ 3	□ 2	—	# of bedrooms			Distance Structure	Distance Structure	S		Lot(s) No.	09-35-4	Suparior, Wa	Plumber:	54873	22.	CONDITIONA
							& food prep facilities)										Width: 30		X Notice	None Compost roller	Compost Toilet		☐ Sanitary ((New) Sanitary	☐ Municipal/City	Se			cture is from Shoreline:	<u>™</u>			Blo	02000	oress (include City/state)		73	3	CONDITIONAL USE SPECIAL USE
							ties) ([1		_		,		O.			Clief	(w/service o	or V	Exists)	ı		What Type of wer/Sanitary Syste Is on the property?		feet	oreline :	from Shoreline :	150 X	Lot Size	Subdivisio	- 1	//Stale/zipi:			ME 548	ECIAL USE
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		_	-	_	, -	_	_	_	_	_))) (0)	-		Height:					Ited (min 200 gallon)				3		XNo	□ Yes	Is Property in Floodplain Zone?	7.	Acreage		t: (i.e. Propert	Attached X Yes	Plumber Phone:	218-40	715-39	□ B.O.A. □ OTHER
														00	Footage	Square	6					(n)	<u> </u>	□ Well	□ City	Water		ON O	√Yes	Are Wetlands Present?	515			(i.e. Property Ownership) Page(s)	Yes No	Phone:	218-461-6363	715-392-8016	THER

Attach
Copy of Tax Statement
You recently purchased the property send your Recorded Deed

Owner(s): (If there ar

are Multipl

MACLA ers listed on the Deed !

All Owners

must sign or letter(s) of authorization must accompany this application)

Date

Date

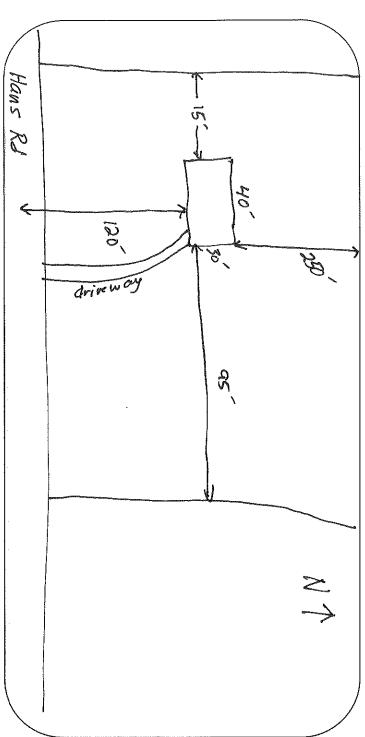
Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

I (we) declare that this am (are) responsible to may be a result of Bay above described propsy

- Show:
- Show any (*): Show any (*):



Please complete (1) - (7) above (prior to continuing)

8 Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

			Feet	< A	Setback to Privy (Portable, Composting)
			Feet	NA	Setback to Drain Field
Feet	× 5	Setback to Well	Feet	2 N	Setback to Septic Tank or Holding Tank
Feet		Elevation of Floodplain	Feet	35	Setback from the East Lot Line
X No	☐ Yes	20% Slope Area on property	Feet	<i>is</i> =	Setback from the West Lot Line
Feet	\ \ \ \	Setback from Wetland	Feet	100 F	Setback from the South Lot Line
			Feet	250 F	Setback from the North Lot Line
Feet	2	Setback from the Bank or Bluff		1	
Feet	>	Setback from the River, Stream, Creek	Feet	/20 F	Setback from the Established Right-of-Way
Feet	Z Z	Setback from the Lake (ordinary high-water mark)	Feet	F	Setback from the Centerline of Platted Road
ment	Measurement	Description		Measurement	Description
		April 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 -			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

ment or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the connect to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be used surveyor at the owner's expense.

9 Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)

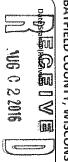
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

Issuance Information (County Use Only) Sanitary Number: # of bedrooms: Sanitary Number:	anitary Date:
Permit Denied (Date): Reason for Denial:	
Permit #: 1/0-0340 Permit Date: 8-3-16	
t 🗆 Yes (Deed of Record) ZNo Mitigation Required 🗅 Yes ZNo Affi □ Yes (Fused/Contiguous Lot(s)) ZNo Mitigation Attached □ Yes ZNo Affi □ Yes ZNo Affi	Affidavit Required
Granted by Variance (B.O.A.) ☐ Yes \(\sum_{No} \) Case #: ☐ Yes \(\sum_{No} \) Case #:	
Was Parcel Legally Created ZYes □ No Were Property Lines Represented by Owner Z Was Proposed Building Site Delineated ZYes □ No Was Property Surveyed Z	Yes ENO
Inspection Record:	Zoning District (&) Lakes Classification ()
Date of Inspection: The Up Inspected by: A	Date of Re-Inspection:
Condition(s):Town, Committee or Board Conditions Attached? S Yes INO-(If No they need to be attached.) Not for Mumas Habitation	Rec'd for Issuance
No Hzo under pressures	AB 01 228
Signature of Inspector: April Color	Dans Ochophayal Staff
Hold For Sanitary:	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Bayfield Co. Zoning Dept.



Date: Permit #: Soft

Refund:

/ledge that I (we)	VALTIES correct and complete. I (we) acknowledge that I (we)	ALTIES	FAILURE TO OBTAIN A PERMIT <u>or</u> STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES	WITHOUT A PERN		- Automory				
		#		A SA	Webstern Communication of the	plain)	Other: (explain)			
00/2	x /60)	(4	S S	TITAM	3108 LIF	Special Use: (explain) 1/1/12	Special Us	F		
	^	-	The state of the s		Alteration (specify)	Accessory Building Addition/Alteration	Accessory			-
***************************************		1			- And Andrews -	Accessory Building (specify)	Accessory		Municipal Use	
	×					Addition/Alteration (specify)	Addition/			
	× 			0	ate)	Mobile Home (manufactured date)	Mobile H			
	x :		& food prep facilities)	or Cooking &	sleening quarters	With Attached Garage	Bunkhous		Commercial use	
	××					with (2"") Deck		,		
	×			4.4 min of		with a Deck				
THE P. S. L.	××					with a Porch with (2 nd) Porch			Residential Use	Ŋ
***************************************	×					with Loft			· · ·	
	××	+			cture on property)	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	Principal (
Square Footage	Dimensions	_		re	Proposed Structure				Proposed Use	
	neigne		Wiatin: DC		Length: 4)n:	Proposed Construction:	Pro
2			.			r is relevant to it)	ng applied fo	permit bei	Existing Structure: (if permit being applied for is relevant to it)	Exis
			None			Tra pa				
-		et	1					Property		
-	ntract)	ervice co	Portable (v	™ None		1	ness on	Run a Business on		
on)	cify Type: ulted (min 200 gallon)	ts) Spec	☐ Privy (Pit) or Va	3		☐ 2-Story	On (existing hide)	☐ Conversion	0,000	ľú
Kwell	Specify Type:	ny Spec		□ 2	X Year Round	☐ 1-Story + Loft	Ulteration	Addition/Alteration))	ν
□ City		1			Seasonal	□ 1-Story	ruction	New Construction	X	
Water	What Type of Sewer/Sanitary System Is on the property?	What Type of wer/Sanitary Syr Is on the propert	y Sewer Is or	# of bedrooms	Use	# of Stories and/or basement	я.	Project	Value at Time of Completion * include donated time &	Val of (dor
				-					□ Non-Shoreland	
□ Yes ⊠ No	□ Yes XNo	ine :	Distance Structure is from Shoreline:	Distance Stru	nd or Flowage rescontinue	√ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	/Land within	'Is Property	A snoreianα →	Ø,
Are Wetlands Present?	ls Property in Floodplain Zone?	ine : _ feet	cture is from Shoreline	Distance Structure	If yescontinue>	☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes—	/Land within dward side o	Is Property reek or Lan		\$
Acreage . 369	Acrea	Lot Size			Town of:	N, Range W	44	_ , Township	Section 9	
	ion:	. ≌.	Block(s) Na.	Lot(s) No.	CSM Vol & Page 分	4 Lot(s)	Gov't Lot	1/4	1/4,	ı
(s) Ownership)	Sument Sument	Recorded	01000 50.	09-09-3	digits)	tatement)	i I	Legal Description:	PROJECT LOCATION	
Written Authorization Attached Yes No	Written A Attached Yes	ite/Zip):	Agent Mailing Address (include City/State/Zip):	gent Mailing Ad	Agent Phone: A		ation on behalf	ı Signing Appli	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Auth
Phone:	Plumber Phone:			Plumber:	one:	Contr				Cont
214-725-0779	214-72			54873	City/State/Zip: BARNES、ルコ	O City/	PINTS R	0	2	ر الم
ne: 195: 3398	73 715-795	240	150 S31	Ð	Mailing Address: 5020S POINTO PINES	166		M1177E15 152 18781	Owner's Name: /POINT OPINE	nwo mwo
□ OTHER	B.O.A.	SE	LUSE SPECIALUSE	□ CONDITIONAL USE	PRIVY	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. TYPE OF PERMIT REQUESTED—> X LAND USE SANITARY	PERMITS HAVE BEEN	ESTED-	O NOT START CONSTRUCTION UNTIL ALL TYPE OF PERMIT REQUESTED—	DO NO
				Dept.	Bayfield Co. Zoning Dept.		until all fees ar ıtv Zoning Dep	vill be issued Ravfield Cour	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.	INSTRU

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

Owner(s):

POINT

0

PINKS TRUST,

Fullow

nmelle

8

TROSTEE

Date

13016

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Authorized Agent:

Address to send permit

		. 			2
Hold For Sanitary: Hold For TBA:	Condition(s):Town, Committee or Board Conditions Attached?	eated	For The Construction Of New Only) Issuance Information (County Use Only) Permit # //O-O-O-U-U- Is Parcel a Sub-Standard Lot is Parcel in Common Ownership is Structure Non-Conforming	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point) Description Setback from the Established Right-of-Way Setback from the Bouth Lot Line Setback from the West Lot Line Setback from the Bast Lot Line Setback from the East Lot Line Setback to Drain Field Setback to Privy (Portable, Composting) Pior to the placement or construction of a structure within ten (10) feet of the minimum requirement of the placement or construction of a structure more than en (10) feet of the minimum requirement or the other previously surveyed corner to the other previously surveyed corner or other previously surveyed corner to construct the other previously surveyed to the previously su	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
TBA: ☐ Hold For Affidavit: ☐	ditions Attached?	(Yes □ No □ Were Pro	ne & Iwo Family Dwelling: ALL M cal Town, Village, City, State or Fe Sanitary Number: Reason for Denial: Permit Date: S. 3 Record) Ontiguous Lot(s)) Mo Ontiguous Lot(s)) Proceim All Mo Ontiguous Lot(s))	Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please (1) – (7) above (1) continuing) Please (1) – (7) – (7) above (1) continuing) Please (1) – (7) – (7) above (1) continuing) Please (1) – (7) – (7) above (1) continuing) Please (1) – (7) – (7) – (7) above (1) continuing) P	Proposed Genstruction North (N)-en Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold For Fees:		nted by Owner perty Surveyed	unicipalities Are Required To Enforce The Uniform Dwelling Code. deral agencies may also require permits. # of bedrooms: Sanitary Date: # of bedrooms: Sanitary Date:	Changes in plans must be approved by the Changes in plans must be approved by the Description Description Description Description Setback from the Lake (ordinary high-water mark) Setback from the Bank or Bluff Setback from Wetland 20% Slope Area on property Elevation of Floodplain Setback to Well Setback to Well Setback from which the setback must be measured must be visible from on minimum required setback, the boundary line from which the setback must be a corrected compass from a known corner within 500 feet of the proposed site of the p	ontage Road) Id (DF); (*) Holding Tank (HT) and/or (*) Privy (P) nd
	Date of Approval: マユール	Zyes District (KPS) akes Classification (ate: ate: Divide Divide	proved: by the Planning & Zoning Dept. Measurement ter mark) Measurement Feet Form one previously surveyed corner to the find proposed site of the structure, or must be masured must be wisible from fithe proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the proposed site of the structure, or must be made with the structure.	(P)

yfield County, WI

